· · · · · · · · · · · · · · · · · · ·	RIZONA STATE I	BOARD OF HEAL	TH
1. PLACE OF BIRTH	BUREAU OF VI	Tal Statistics	State File No. 23
County Gila		FICATE OF BIRTH	Avegustered NO. 15.02 IV
District or Township Lower M	1	State Wyone	
City Miami		or Village	
City Control Control	No. (If birth occu	rred in a hospital or instituti	St. W OD, give its NAME instead of street and numb
2. Full name of child	Partin	o Perez	If child is not yet named, m supplemental report, as direct
3. Sex of Child To be answered ONLY	4. Twin, triplet or other		
male births.	5. No., in order of birth	yes	7. Date dug 12 1921
8. FATHER		14.	Month Day Year
8. FATHER Full name Laase Pere	-	0	MOTHER
O Postdone	} -		manin, angone
9. Residence (Usual place of abode) Mianni, and		15 Residence (Usual place of abode)	Miami, anon
If non-resident, give place and state.	<i>D</i>	If non-resident, give	place and state.
10. Color or race	20	16 Color or race	1
Mexican 11. Age at last birthday 38 (Years)		mexican	17. Age at Inst birthday 24 (Yes
12. Birthplace (city or place)		18. Birthplace (city or pl	(aco) Morence
(State or country)		(State or country)	Mindon
(State or country) Mexico 13. Occupation Mmu Nature of Industry Coppur		19. Occupation	Horizon 1
Nature of Industry Copper	,	Nature of industry	
20. Number of children of this mother 5		<u> </u>	
(Taken as of time of high of child berein	(a) Born slive but	now living 5	21. Were precautions taken against op thalmis neonatorum?
certified and including this child.)	J (c) Stillborn		1 9eb
GERT I hereby certify that I attended the birth of t	TFICATE OF ATTENDING	PHYSICIAN OR MIDWII	at 8:30 Pm. on the date above state
* When there was no attending absolute) (Bo		4-13-4-
or midwie, then the father, householder,	Signature		I mile
child is one that neither breathes nor shows other evidence of life after birth.	***************************************	;	his in
Given name added from a supplemental report	/ Address	mami	(Physician or midwide).
Month, day, yea	or O	_	000
***************************************	Filedlier	1 23 19.21	(c.6, over
Registrør			